THE UNIVERSITY OF MAINE
GRADUATE SCHOOL

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Print Form

Change in Program of Study

Student Name _____ Student ID _____

Field of Study _____ Degree _____

Courses to be added:

Course Number	Course Title	Course Credits

Courses to be removed:

Course Number	Course Title	Course Credits

Reason(s) for making change: _____

_____

Advisory Committee (please type or print)	Signatures (electronic signatures accepted)
Chair	
Graduate Coordinator (Required)	